

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name:

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHODS OF PRODUCING ANTI-ANGIOGENIC PROTEINS

the specification of which (check one)

☐ is attached hereto.

☒ was filed on June 7, 2000 as United States Application

Number or PCT International Application No. 09 589,483

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
				YES	NO
_____ (Number)	_____ (Country)	_____ (Day Month Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day Month Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day Month Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

60 067,888
(Application Number)

December 8, 1997
(Filing Date)

60 082,663
(Application Number)

April 22, 1998
(Filing Date)

60 108,536
(Application Number)

November 16, 1998
(Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known by me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>PCT/US98 25892</u> (Application Serial No.)	<u>December 8, 1998</u> (Filing date)	<u>(Status: patented, pending, abandoned)</u>
<u>(Application Serial No.)</u>	<u>(Filing date)</u>	<u>(Status: patented, pending, abandoned)</u>
<u>(Application Serial No.)</u>	<u>(Filing date)</u>	<u>(Status: patented, pending, abandoned)</u>
<u>(Application Serial No.)</u>	<u>(Filing date)</u>	<u>(Status: patented, pending, abandoned)</u>

As a named inventor, I hereby appoint the attorneys and or agents associated with
Hamilton, Brook, Smith & Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02421-4799
Customer No. 21005,

and _____
to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please send correspondence to:

☒ Customer No. **21005**
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
Two Militia Drive
Lexington, MA 02421-4799

or

☐ Address as follows:

Direct telephone calls to: Doreen M. Hogle Telephone No.: 781-861-6240
Direct facsimiles to: Doreen M. Hogle Facsimile No.: 781-861-9540

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor

Vikas P. Sukhatme

Inventor's Signature

Vikas P. Sukhatme

Date

12/10/98

Residence

36 Sky View Circle

Newton Center, MA 02459

Citizenship

USA

Post Office Address

Same as above

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(d))-NONPROFIT ORGANIZATION

DOCKET NUMBER: 1440.1031-010

Applicant or Patentee: Vikas P. Sukhatme
Serial or Patent No.: 09/589,483
Filed or Issued: June 7, 2000
Title: Methods of Producing Anti-Angiogenic Proteins

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION Beth Israel Deaconess Medical Center
ADDRESS OF NONPROFIT ORGANIZATION 330 Brookline Avenue
Boston, Massachusetts 02215

TYPE OF NONPROFIT ORGANIZATION:

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3)) IF
LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED
STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I hereby declare the rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern or organization is listed below.

Illex Oncology
11550 IH 10 West, Suite 100
San Antonio, Texas 78230-1064

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Barry Eisenstein

TITLE IN ORGANIZATION OF PERSON SIGNING Vice President of Science and Technology

ADDRESS OF PERSON SIGNING 330 Brookline Avenue, Boston, Massachusetts 02215

SIGNATURE [Signature]

DATE 1-1-00

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))-SMALL BUSINESS CONCERN

DOCKET NUMBER: 1440.1031-010

DEC 10 2000

Applicant or Patentee: Vikas P. Sukhatme
Serial or Patent No.: 09/589,483
Filed or Issued: June 7, 2000
Title: Methods of Producing Anti-Angiogenic Proteins

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Ilex Oncology
ADDRESS OF SMALL BUSINESS CONCERN 11550 IH 10 West, Suite 100
San Antonio, Texas 78230-1064

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12 and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern or organization is listed below.

Beth Israel Deaconess Medical Center
330 Brookline Avenue
Boston, Massachusetts 02215

Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Al A. Jecminck

TITLE OF PERSON IF OTHER THAN OWNER Vice President

ADDRESS OF PERSON SIGNING 11550 IH-10 West, Suite 100, San Antonio, TX 78230

SIGNATURE

Al A. Jecminck

DATE

July 11, 2000